Maryland

GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES

Frequently Asked Questions: Opioid Use Disorder Examinations and Treatment (House Bill 116, 2019) Reporting Requirements

These frequently asked questions provide additional clarification regarding several data measures in the Opioid Use Disorder Examinations and Treatment Act: Data Definitions and Reporting Guide.

Question #1: **What do we need to enter for the "Inmate ID"?**
The "Inmate ID" can be based on any unique identifying number and/or letter. This should not reflect the inmates actual identification number. This ID will be used to track the total number of inmates diagnosed and the total number of diagnoses. If an inmate is diagnosed multiple times during the reporting period, or if the diagnosis changes, include the same ID# as the inmates first diagnosis.

Question #2: **Do we need to collect treatment information on individuals in the community, before they are incarcerated and after they are released?**
This will only be captured in data element #3. Data elements #4 through #15 are based on individuals who are currently incarcerated; and are only collected on inmates diagnosed with opioid use disorder.

Question #3: **What does it mean to have an established treatment program?**
In order to comply with the law, local correctional facilities must provide access to all three medications for opioid use disorder (MOUD), which include Methadone, Naltrexone, and Suboxone/Buprenorphine.

Question #4: **If I do not have all three types of MOUD treatments, do I need to start reporting data?**
No. Reporting will begin once all MOUD treatments are available.

Question #5: **Are we collecting data on all inmates, to include those who have used heroin or tested positive for heroin?**
Data should only be collected on individuals currently incarcerated and medically diagnosed with opioid use disorder.

Question #6: How often is this data collected?
The data must be submitted to the Governor's Office of Crime Prevention, Youth, and Victim Services by **August 1** of each year, encompassing the prior State fiscal year (July 1 - June 30). Please email the data to Nathan Kemper at Nathan.Kemper@Maryland.gov, and Rachel Kesselman Leonberger at RachelM.Kesselman@Maryland.gov.

Question #7: What should I enter in the "annual cost assessment"?
Local correctional facilities should enter information for each column (inmates, monthly, annual, total) in the medications section. These figures are calculated, based on the following example: if 10 inmates receive Methadone, this will result in an estimated total of $61,200.00 for the fiscal year, given that the annual cost per inmate equates to $6,120.00 ($510.00 per month). For the drug screenings and miscellaneous sections, local correctional facilities should enter information for the number column and the total column, only.

Question #8: Do we need to enter costs that are covered by another clinic?
No. Only enter costs covered by local correctional facilities.

Question #9: What is the working definition of "assessment"?
Each local correctional facility must conduct an assessment of the mental health and substance use status of each inmate using evidence-based screenings and assessments to determine if the medical diagnosis of an opioid use disorder is appropriate and if MAT is appropriate. If a required assessment indicates opioid use disorder, an evaluation of the inmate must be conducted by a specified health care practitioner, and information must be provided to the inmate describing medications used in MAT. In addition, MAT must be available to an inmate for whom such treatment is determined to be appropriate, as specified.

Question #10: What is the working definition of "reentry"?
Before the release of an inmate diagnosed with opioid use disorder, a local correctional facility must develop a plan of reentry that: includes information regarding post-incarceration access to medication continuity, "peer recovery specialists," other supportive therapy, and enrollment in health insurance plans; includes any recommended referrals by a health care practitioner to medication continuity, peer recovery specialists, and other supportive therapy; and is reviewed and, if needed, revised by a health care practitioner or peer recovery specialist.